HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE B

Patient HI Claim No.

ACTIVITIES	OF DAILY	ACTIVITIES OF DAILY LIVING (as appropriate) ADLs	ppropriate	<u>»</u>	DLs	INSTRUME	ENTAL ACT	IVITIES OF D	אורא רוי	/ING (as	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (as appropriate) IADLs
ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	Unchanged Deteriorated	* Needs More Help yes no	ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	* Needs More Help yes no	SURVEYOR INSTRUCTIONS Complete module only if the admitting or secondary diagnosis(es) directly affect the
B1. Eating At Admission						B7. Prepare Light RR Meals HV					patient's potential to meet his/her ADLs or IADLs, or the HHA's planning and care for
Record Review				\dashv		B8. Prepare Full RR					the patient.
Home Visit				\dashv							
B2. Transferring						B9. Light RR					(continue on back of module)
At Admission											
Record Review						Laundry HV					
Home Visit				H							
B3. Dressing						B11. Handling RR Money HV					
At Admission						R19 Ileing BB				1	
Record Review				\vdash		Telephone					
Home visit				┝							
B4. Bathing						RR= Record Review *If "ye HV= Home Visit to pi	es," does medic	*If "yes," does medical record document planning to provide additional help? Please explain in	ent plannir xplain in	เอ	
At Admission						Suns	ourveyor Notes.				
Record Review				\vdash		B13. Behavioral/Mental: Note all conditions documented in record	Note all cond	itions documen	ted in red	ord	
Home Visit						(e.g., patient disoriented)	nted)				
B5. Toileting											
At Admission				H							
Record Review				┝		B14. Appliance/Aids, Special Equipment Used by Patient	ecial Equipm	ent Used by P	atient		
Home Visit				├		J				Home	
B6. Ambulation						Ambulation Aid. Other	Lecold Alsit	Cane	Lecold	VISIT	According to the Danorwork Reduction Act of 1005 no
2						Prosthetic Device		Dentures			persons are required to respond to a collection of infor-
At Admission				H		Pacemaker		Walker			The valid OMB control number for this information col-
Record Review				L		Tiph Stool	<u> </u>	Grab Bar Commode			lection is 0938-0355. The time required to complete this information collection is estimated to average 15 minutes
Home Visit						Glasses/Lenses		Catheter			per response, including the time to review instructions,
*SIIBVEYOR NOTE	#					Hospital Bed		Oxygen			and complete and review the information collection. If
		-		-		Special Toileting Equip.		Wneelchair Leg Brace			you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form,
help? Please explain in Surveyor Notes.	plain in Surve	yor Notes.	וווט וט טוסאול	ק ק	זמווטומו	Special Dressing Equip.		Other			please write to: CMS, Maristop N2-14-26, /500 Security Boulevard, Baltimore, Maryland 21244-1850.
						Colosion's Day		-			

Form CMS-1515B(6/90)